

SERFF Tracking Number: LDRC-125766726 State: Arkansas
Filing Company: Old Republic National Title Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: Utility Endorsement
Project Name/Number: /

Filing at a Glance

Company: Old Republic National Title Insurance Company
Product Name: Utility Endorsement SERFF Tr Num: LDRC-125766726 State: Arkansas
TOI: 34.0 Title SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 34.0000 Title Co Tr Num: State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Sarah Harper
Authors: Elise Reed, Heidi Majors Disposition Date: 08/14/2008
Date Submitted: 08/08/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 08/14/2008
Effective Date Requested (Renewal): Effective Date (Renewal): 08/14/2008
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/14/2008
State Status Changed: 08/14/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Form filing of ORT Form 4293-Utilities Facilities Endorsement

Company and Contact

Filing Contact Information

Elise Reed, Associate Regulatory Counsel ereed@oldrepublictitle.com

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400 Second Avenue South (800) 328-4441 [Phone]
Minneapolis, MN 55401 (612) 371-1124[FAX]

Filing Company Information

Old Republic National Title Insurance Company CoCode: 50520 State of Domicile: Minnesota
400 Second Avenue South Group Code: 50520 Company Type: Title
Minneapolis, MN 55401 Group Name: Old Republic State ID Number: 50520
(800) 328-4441 ext. 7061[Phone] FEIN Number: 41-0579050

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Form filing-\$50.00 per submission.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic National Title Insurance Company	\$50.00	08/08/2008	21855448

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Sarah Harper	08/14/2008	08/14/2008

SERFF Tracking Number: *LDRC-125766726* *State:* *Arkansas*
Filing Company: *Old Republic National Title Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number:
TOI: *34.0 Title* *Sub-TOI:* *34.0000 Title*
Product Name: *Utility Endorsement*
Project Name/Number: /

Disposition

Disposition Date: 08/14/2008
Effective Date (New): 08/14/2008
Effective Date (Renewal): 08/14/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	UTILITIES FACILITIES ENDORSEMENT	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	UTILITIES FACILITIES ENDORSEMENT	ORT 4293	12-05	Endorsement/Amendment/Conditions	New		ORT4293[2].pdf

Endorsement

UTILITIES FACILITIES ENDORSEMENT



To be attached to and become part of Policy No. _____
National Title Insurance Company.

_____ of Old Republic

The Company hereby insures the insured against loss which said insured shall sustain by reason of any inaccuracies in the following assurances:

Water, gas, electric, telephone, storm sewer, and sanitary sewer services are available to the property described in Schedule A either over, under, or upon public rights-of-way directly adjacent to said property or over, under or upon easements (not terminable by the grantor thereof or by his heirs, personal representatives, successors or assigns) for the benefit of said property that connect to public rights-of-way.

This endorsement is made a part of the policy and is subject to all of the terms and provisions thereof and of any prior endorsements thereto. Except to the extent expressly stated, it neither modifies any of the terms and provisions of the policy and any prior endorsements, nor does it extend the effective date of the policy and any prior endorsements, nor does it increase the face amount thereof.

OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

A Stock Company

400 Second Avenue South, Minneapolis, Minnesota 55401

(612) 371-1111

Authorized Officer or Agent

ORT Form 4293

Utilities Facilities Endorsement

By

President

Attest

Secretary

<i>SERFF Tracking Number:</i>	<i>LDRC-125766726</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic National Title Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>Utility Endorsement</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

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Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Approved	08/14/2008

Comments:

Attachment:

PCtransDoc.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1